Bicol Clinic Foundation: Typhoon Haiyan/Yolanda Disaster Response Report

By: Jessica Schuster December 16, 2013

SUMMARY: Our team consisted of seven (7) physicians: an orthopedic surgeon, nephrologist, critical care specialist, two general practitioners, two family medicine residents, three medical students from Temple University, and approximately 45 local Filipino staff/volunteers. We treated approximately 800 patients, sponsored further care for two children—one needing eye surgery from a rock injury, and one suffering from lymphoma, provided money for new school textbooks, and distributed food to over 6,000 families (about 45,000 people).

We arrived in Manila on December 4, 2013 and traveled to our main clinic/dorm site in Buena Vista on December 5th to organize all of our supplies and load up our vehicle caravan consisting of two jeepneys, two large vans, and a large cargo truck carrying medical supplies, sacks of rice, canned goods, and materials.

On December 6th we set out towards the areas of greatest destruction, on the island of Leyte. A ferry across the sea, 10 hours of driving, and a day later, we began seeing the initial hints of a land disheveled; coconut tree plantations and rice fields ruined and scattered bits of isolated homes missing roofs, rubble and debris asunder. It was when we turned the corner in the city of Basey, on the island of Samar, where everything changed. This was the difference between two worlds: one intact and one obliterated. Concrete buildings reduced to rubble and dust. Cars crushed, broken, and inside collapsed buildings having been carried by the violent surge of water and forceful winds. We inquired as to which areas needed help and were directed towards the end of the street, where "many doctors from around the world" were set up where an international Red Cross make-shift hospital was situated, but for emergency cases only. Across from them, we found government officials who had the areas mapped out and those still needing assistance. As we were waiting for the rest of our caravan to arrive (two vehicles had had flat tires), a captain from the Philippine Army approached us. He asked who we were, our purpose, etc. After looking at the names of the areas given to us by the government, he suggested some others that he knew of who needed help and said that if we decided to go to those places, we would be accompanied and protected by the Philippine Army. We decided to have a look. What we found was devastating.

As we drove from the crumbled city of Basey, we found the outlying villages utterly destroyed. Blurring past as we drove, were signs pleading for shelter, pleading for food, pleading for help. We stopped at a village called Balud, where we saw the buildings still intact at an elementary school. This is where we would set up our clinic and lodging.

The army located the school's principal to ask permission, and she happily granted its use, and gave us a tour. The water had risen to over thirty feet there. Desks and what were once

textbooks were strewn about the classrooms and outside areas. We set up our lodging (sleeping bags and mosquito nets) in the Kindergarten room. The longer building, consisting of three classrooms would serve as our clinic. We cleared the rooms, set up, and started clinic the next day. The army notified the surrounding villages of our clinic, and anyone who needed help would come with free transportation from one of our jeepneys.

At the clinic, we treated patients with diabetes, hypertension, dehydration, vitamin deficiencies, fungal infections, respiratory infections, diarrheal diseases, and worms. We had some emergency cases in which we administered IV fluids, asthma treatment, and various injections. There were many cases of infected wounds needing debriding and various forms of wound care. We had many patients who needed more treatment than our clinic could provide and upon hearing that Tacloban City Hospital was up and running, we decided to take a drive to see how functional it was for us to send patient referrals. The drive to Tacloban and through the city, evoked many emotions from our team. We saw several relief groups with tents set up, we saw homes and vehicles destroyed and we saw homes and buildings being rebuilt. We witnessed large cargo ships beached on the street—and learned soon afterwards that numerous homes filled with families were crushed underneath, with no way of getting to the families trapped under the huge mass of the ships. We saw streets lined with piles of debris and yet street markets had vendors selling items as life moved on for them. The city was interwoven with water channels, and as we drove over a small bridge, I saw a pale, stiff leg sticking up out of the center of the water...another among the dead, not yet claimed. Maybe soon, another missing person's posting may be taken down; finality and closure for one of the desperately seeking families.

We drove on, and found the Tacloban regional hospital. We were happy to find that it was fully functional, so patients could be referred there. Our next stop was the airport. Two of our doctors needed to leave earlier than the rest of our team, so we felt that a flight, if available, would give them more time at clinic and less time travelling. The airport was still chaotic. Ticketing offices were offline and flights out were on a constant stand-by status. Missing persons postings covered all spaces available on walls and pillars still standing. They told us that many of their staff died. The army told us that on the day of the storm surge, 100 uniformed men were lined in formation, awaiting orders to help the people evacuate. Then, the huge wave rushed upon them, killing all but two men. We were able to get the two doctors tickets by having one of our contacts in Manila purchase a ticket there. We drove back to continue clinic.

Over the course of time, we treated over 800 patients. They told us of their physical ailments and they told us of their experience. We were informed that many people died in the Philippines because they heard that a "storm surge" was coming, but no one knew what that term was and did not know what that meant for them to prepare for. So, when the 30 foot high rush of water came upon them, there was little to be done; many drowned, many held onto their young children as long as they could, many did not hold on long enough... One woman said that she had tied her and her children together and to a tree and this is how they survived. Around the

towns and city walls, were so many postings for missing family members. Carried away from the 30 foot waves, missing, lost, perhaps alive, perhaps dead; the worst is not knowing, the worst are one's thoughts, wanting to take action but helpless in not knowing how to reach their loved ones. Most of the men, women, and children seen were suffering from post-traumatic stress and depression. A grandfather and his 10 year old grandson were seen one day. The man was treated for hypertension, but his depression could not be treated. He lost everyone except his young grandson and his sadness was heart-wrenching. The next day, the 10 year old grandson was at the clinic, crying hysterically, repeating the question asking what he was going to do now. We were informed that his grandfather had died during the night and he was now, truly, all alone.

Along with the stories of homes and lives shattered and lost, were stories of rebuilding, stories of hope, stories of those lost being found. One patient seen came in with her two-month old baby, whom she referred to as her "miracle baby". She had lost hold of her baby during the hurricane and storm surge. Two days later, the streets still flooded with water, carrying with it pieces of homes, articles of clothing, and bodies of the dead. As she was staring numbly at a world reduced to a river of death and debris, she saw something: floating on a piece of plywood, peacefully gazing up at the sky and cooing, was her baby. Her miracle baby.

The typhoon washed away homes, clothing and belongings, and it left the people with sickness and disease, and the land and its crops ruined, its people starving. Knowing this, in addition to the medical treatment our clinic provides, we distributed sacks of rice and canned beef to each family devastated across nine different villages, feeding over 6,000 families, approximately 45,000 men, women, and children. We donated large mosquito nets, sleeping bags, nutritional snacks, and \$1,200 to the elementary school for new textbooks and for rebuilding of the school. As we departed, there were many tears of gratitude for our services and for our compassion. Nature can be merciless, but together we will tend to the sick, the hungry, and the needy. Together, we can rebuild their lost world, heal their wounds, and restore their hope for a future.

APPENDIX 1.















